PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 45225

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17		No.	November 1 and 1 a		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	① minus 3 =		*		Ì	X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ŀ	TOTAL		OR	TOTAL	777	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L	SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9≈		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AIM	=	[X42=		OR	X84=		
L	I. IO	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIN	<u>L.l</u>	1	+140=		OR	+280=		
	f. t.						i.	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)						_	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	T CL AIM	=	11	X42=		OR	X84=		
<u> </u>	THOTPHEOL	NIATION OF IM	JUIN LL DEN	LINDEIN	CLAIIVI] [+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9≈		OR	X\$18=		
	Independent	*	Minus	***	T () 4124	= 	1	X42≈		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280≈		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT SEE										OB	TOTAL		
**	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20. ADDIT. FEE												